

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.						
1	/		/		51					
2	/		/		52					
3	/		/		53					
4	/		/		54					
5	/		/		55					
6	/		/		56					
7	/		/		57					
8	/		/		58					
9	/		/		59					
10	/		/		60					
11	/		/		61					
12	/		/		62					
13	/		/		63					
14	/		/		64					
15	/		/		65					
16	(1)		/		66					
17	/		/		67					
18	/		/		68					
19	/		/		69					
20	/		/		70					
21	/		/		71					
22	/		/		72					
23	/		/		73					
24	/		/		74					
25	(1)		/		75					
26	/		/		76					
27	/		/		77					
28	/		/		78					
29	/		/		79					
30			/		80					
31			/		81					
32			/		82					
33			/		83					
34			/		84					
35			/		85					
36			/		86					
37			/		87					
38			/		88					
39			/		89					
40			/		90					
41			/		91					
42			/		92					
43			/		93					
44			/		94					
45			/		95					
46			/		96					
47			/		97					
48			/		98					
49			/		99					
50			/		100					
TOTAL IND.			9		TOTAL IND.					
TOTAL DEP.			27		TOTAL DEP.					
TOTAL CLAIMS			30		TOTAL CLAIMS					